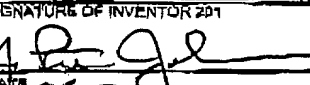




POWER OF ATTORNEY: As a named inventor, I hereby appoint Lorimer P. Brooks, Reg. No. 15,155, William R. Robinson, Reg. No. 224, Kurt G. Brisco, Reg. No. 33,141, William C. Gerstenzang, Reg. No. 27,552, Bruce S. Londa, Reg. No. 33,531, Davy E. neraich, Reg. No. 37,267, and Mark Montana, Reg. 44,948 at Norris, McLaughlin & Marcus, P.O. Box 1018, Somerville, New Jersey 0876-1018, my attorneys, to prosecute this application, and to transact all business in the Patent and Trademark Office connected herewith, and to file, prosecute and maintain corresponding patent applications and patents in other countries and regional authority offices outside the United States.

SEND CORRESPONDENCE TO:		DIRECT TELEPHONE CALLS TO:	
Lorimer P. Brooks, Esq. Norris, McLaughlin & Marcus P.O. Box 1018 Somerville, New Jersey 08876-1018		Lorimer P. Brooks (212) 808-0700	
2	FULL NAME OF INVENTOR LAST NAME JOHNSON	FIRST NAME J.	MIDDLE NAME Peter
0	RESIDENCE & CITIZENSHIP CITY Lexington	STATE OR FOREIGN COUNTRY South Carolina	COUNTRY OF CITIZENSHIP United States of America
1	POST OFFICE ADDRESS POST OFFICE ADDRESS 139 Hounds Run Drive	CITY Lexington	STATE OR COUNTRY ZIP CODE South Carolina 29072
2	FULL NAME OF INVENTOR LAST NAME AULL	FIRST NAME Robert	MIDDLE NAME S.
0	RESIDENCE & CITIZENSHIP CITY Lexington	STATE OR FOREIGN COUNTRY South Carolina	COUNTRY OF CITIZENSHIP United States of America
2	POST OFFICE ADDRESS POST OFFICE ADDRESS 121 Blg Timber Drive	CITY Lexington	STATE OR COUNTRY ZIP CODE South Carolina 29073
2	FULL NAME OF INVENTOR LAST NAME PETRYSAK	FIRST NAME Mike	MIDDLE NAME
0	RESIDENCE & CITIZENSHIP CITY Lexington	STATE OR FOREIGN COUNTRY South Carolina	COUNTRY OF CITIZENSHIP United States of America
3	POST OFFICE ADDRESS POST OFFICE ADDRESS 108 Harbor Glen Dr.	CITY Lexington	STATE OR COUNTRY ZIP CODE South Carolina 29072
2	FULL NAME OF INVENTOR LAST NAME	FIRST NAME	MIDDLE NAME
0	RESIDENCE & CITIZENSHIP CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
4	POST OFFICE ADDRESS POST OFFICE ADDRESS	CITY	STATE OR COUNTRY ZIP CODE

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201 	SIGNATURE OF INVENTOR 202 	SIGNATURE OF INVENTOR 203 
DATE 05 JUL 2001	DATE 05 JULY 2001	DATE 7/5/01
SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTOR 205	
DATE	DATE	